Effective October 1, 2000								0	97	574	849	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENT	1 <b>17</b>	OR	OTHER	
TOTAL CLAIMS			28				RATI		FEE	1	RATE	FEE
FOR			NUMBER FILEO		NUMBER EXTRA		BASIC	EE 3	55.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		. 8		X\$ 9	_			X\$18=	144
INDEPENDENT CLAIMS			7	nus 3 =	. 3		<u> </u>			OR		
		IDENT CLAIM P				<del></del>	X40=	+		OR	X80=	240
							+135	-		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA			OR	TOTAL	1094
CLAIMS AS AMENDED - PART II  8-30-04 (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE TIG			RATE	ADDI- TIONAL FEE
Ž M M	Total	- 18	Minus	2	8	-6	.¬X\$ 9	$\top$		OR	X\$18=	
ME	Independent	. 2	Minus	***	6	-0	X40=			OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						7 +135			OR	+270=	
								AL EE		OR	TOTAL ADDIT, FEE	
		(Column 1)	04-27	OS (Colu	mn 2)	(Column 3)	ADDIT. F			• .		-
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA	RATE	: TK	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus		28	•	X\$ 9=	=		OR	X\$18=	
	Independent	. 3	Minus	•••	6	-	X40=	十		OR	X80=	
<u> </u>	PIRST PRESE	NTATION OF M	ULTIPLE DE	ENDEN	CLAIM		+135			OR	+270=	
								AL EE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	TK	DDI- ONAL EE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	X\$ 9=	$\Box$		OR	XS18=	
	Independent	•	Minus	···		=	X40=	1			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+		OR		
	If the entry in coh-	mn 1 is less than t	ha entry in colo	mn 2. write	o TO" in co	tumo 3.	+135=			OR	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOR												
		nber Previously Pa					found in the	approp	niate box	in col	lumn 1.	

**Application or Docket Number** 

FORM PTO-87